



**Counseling Center
and Peer Education Program**
THE DIVISION OF STUDENT AFFAIRS

| | |
|-----------------------|---------------------------------|
| Local Address: | Mailing Address (if different): |
| Phone (cell): | Email: |
| (home): | Email contact ok? Y N |
| (work): | |
| Phone contact ok? Y N | |

Social Security #:

Date:

First Name: _____ **Middle:** _____ **Last:** _____ **Preferred Name:** _____

1. DOB: ____/____/____ **2. Age:** _____ **3. Gender:** __M __F __Transgender

4. Race (select one):

African Amer/Black
 Amer Indian/Alaskan Native
 Arab American
 Asian Amer/Indian
 East Indian
 Euro Amer/White/Caucasian

Hispanic/Latino/a
 Native Hawaiian/Pacific Islander
 Multiracial
 Prefer not to answer
 Other (specify) _____

5. Country of Origin: _____

6. Are you an international student?
 Yes
 No

7. Sexual Orientation:

Heterosexual Gay
 Bisexual Lesbian
 Questioning Prefer not to answer

8. Relationship Status:

Single
 Serious dating or committed relationship
 Civil union, domestic partnership, or equivalent
 Married
 Divorced
 Widowed
 Separated

9. Academic Status:

First Year/Freshman
 Sophomore
 Junior
 Senior
 Graduate/Professional degree
 Other (specify) _____

10. Major: _____

11. GPA: _____

12. Credits this Semester: _____

13. Transfer student: _____ yes _____no

14. College:

Liberal Arts & Sciences
 Education and Human Devel.
 Natural Sciences, Forestry, Ag
 Business, Public Pol. & Health
 Engineering
 Explorations
 Other (Specify) _____

15. Current Housing:

On-campus Residence Hall/Apt
 Fraternity/Sorority House
 Off-campus apartment/house
 Other (specify) _____

16. With whom do you live? (check all)

Alone
 Spouse, partner, significant other
 Roommate(s)
 Children
 Parent(s)/Guardian(s)
 Family other
 Other (specify) _____

17. Level of involvement in organized extra-curricular activities such as sports, clubs, student government, etc:
 _____hrs/wk

18. What is the average number of hours you work per week during the school year (paid employment)?
 _____hrs/wk

19. Religious or Spiritual preference:

Agnostic Jewish
 Atheist Muslim
 Buddhist No Preference
 Confucian Prefer not to answer
 Christian Other (specify) _____
 Hindu

20. To what extent does your religious or spiritual preference play and important role in your life?

Very important
 Important
 Neutral
 Unimportant
 Very unimportant

21. Do you participate on an athletic team that competes with other colleges or universities?
 ____Yes ____No

22. Are you the first generation in your family to attend college?
 ____Yes ____No

23. Do you have a diagnosed and documented disability?

No/None
 Attention Deficit/Hyperactivity
 Deaf or Hard of Hearing
 Learning Disorders
 Mobility Impairments

Neurological Disorders
 Physical/Health Disorders
 Psychological Disorder/Condition
 Visual Impairments
 Other (specify) _____

24. How would you describe your financial situation right now?

Always stressful
 Often stressful
 Sometimes stressful
 Rarely stressful
 Never stressful

| | | | | | |
|---|--|---|------------------------|------|--|
| <p>25. How would you describe your financial situation <u>while growing up</u>?</p> <p><input type="checkbox"/> Always stressful</p> <p><input type="checkbox"/> Often stressful</p> <p><input type="checkbox"/> Sometimes stressful</p> <p><input type="checkbox"/> Rarely stressful</p> <p><input type="checkbox"/> Never stressful</p> | <p>26. Have you ever been, or are you currently, enlisted in any branch of the US military (active duty, veteran, national guard or reserves)?</p> <p>___Yes ___No</p> | <p>28. Did your military experiences include any traumatic or highly stressful experiences which continue to bother you? (e.g. war, combat, injuries, death, natural disasters, foreign deployment, etc.)</p> <p>___Yes ___No</p> | | | |
| <p>29. Who referred you to the Counseling Center?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Touchstone Web Assessment</p> <p><input type="checkbox"/> Partner/Spouse</p> <p><input type="checkbox"/> Residence Hall Staff</p> <p><input type="checkbox"/> University Administrator</p> <p><input type="checkbox"/> Faculty</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Health Center</p> <p><input type="checkbox"/> Athletics</p> <p><input type="checkbox"/> Outside Professional</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Public Safety</p> <p><input type="checkbox"/> Student Affairs Staff</p> <p><input type="checkbox"/> Other</p> | <p>30. Over the last two weeks, how many times have you had: (a drink is a can of beer, glass of wine, wine cooler, or shot of liquor)</p> <p>For males: 5 or more drinks in a row</p> <p>For females: 4 or more drinks in a row</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> Twice</p> <p><input type="checkbox"/> 3-5 times</p> <p><input type="checkbox"/> 6-9 times</p> <p><input type="checkbox"/> 10 or more times</p> | <p>31. Think back over the last two weeks. How many times have you smoked <u>marijuana</u>?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> Twice</p> <p><input type="checkbox"/> 3-5 times</p> <p><input type="checkbox"/> 6-9 times</p> <p><input type="checkbox"/> 10 or more times</p> | | | |
| <p>33. Please indicate the extent of your agreement:</p> <p>“I get the emotional help and support I need from my family.”</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Somewhat Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Somewhat Agree</p> <p><input type="checkbox"/> Strongly Agree</p> | <p>34. Please indicate the extent of your agreement:</p> <p>“I get the emotional help and support I need from my social network (friends and acquaintances).”</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Somewhat Disagree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Somewhat Agree</p> <p><input type="checkbox"/> Strongly Agree</p> | <p>35. Have you experienced, witnessed or learned of a traumatic event that involved actual or threatened death or serious injury or a threat to the physical integrity of yourself or others?</p> <p>___Yes ___No</p> | | | |
| <p>Please indicate if/when you have had the following experiences:</p> <p>Check one per row. ></p> | Never | Prior to College | After starting College | Both | |
| 37. Attended counseling for mental health concerns | | | | | |
| 38. Taken a prescribed medication for mental health concerns | | | | | |
| 39. Been hospitalized for mental health concerns | | | | | |
| 40. Received treatment for alcohol or drug use | | | | | |
| 41. Purposely injured yourself without suicidal intent (e.g. cutting, hitting, burning, hair pulling, etc.) | | | | | |
| 42. Seriously considered attempting suicide | | | | | |
| 43. Made a suicide attempt | | | | | |
| 44. Seriously considered injuring another person | | | | | |
| 45. Intentionally injured another person | | | | | |
| 46. Had unwanted sexual contact(s) or experience(s) | | | | | |
| 47. Experienced harassing, controlling, and/or abusive behavior from another person (e.g. friend, family member, partner, or authority figure) | | | | | |
| <p>48. Briefly describe your reason for coming to the Counseling Center at this time.</p> | <p>49. Emergency Contact Information:</p> <p>Name:</p> <p>Relation to you:</p> <p>Address:</p> <p>Phone:</p> | | | | |
| <p>50. If you have previously received services at the UMaine Counseling Center, whom did you see?</p> | | | | | |